

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/785,456-Conf. #8577</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">February 24, 2004</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">James A. Hewson</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">3672</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">N. A. Coy</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">CAF-32302/03</td></tr> </table>	Application Number	10/785,456-Conf. #8577	Filing Date	February 24, 2004	First Named Inventor	James A. Hewson	Art Unit	3672	Examiner Name	N. A. Coy	Attorney Docket Number	CAF-32302/03
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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C.
Signature	/Judith M. Riley/
Printed name	Judith M. Riley
Date	December 4, 2006
Reg. No. 31,561	